

Valentine Committee Commit	/ \` 516
SENDER: Complete items 1/2 and 3. Indicate it restricted delivery is desired.	/I also wish to receive the following service (for an extra fee)
onlines tensis 12 cm 2, indicate if restricted delivery is desired. First your serve and address on the reverse of the form at that we can court a Attach this form to the front of the maliplece, or on the back if space does a Widte "Return Receipt Requested" on the maliplece below the article number. The Return receipt Fee will provide you the signature of the person delivered delivery.	Inscarction you.
Article Addressed to:	2. Afficle Number
Norman D. James Jay Shapiro Fennemore Craig, P.C. 3003 North Central Avenue Phoenix, AZ 85012-2913	7180 5935 1300 0000 7272
	3. Service Type 🗵 CERTIFIED
	Date of Delivery
Received By: (Print Name)_	Enter delivery address if different than item 1.
CM Boyd	
Signature - (Addressee or Agent)	
UM Brix	
PS Form 3811 WS-01363A-02-0633	DOMESTIC RETURN RECEIPT

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